PART B - FEE(S) TRANSMITTAL

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WASHINGTON OFFICE

23373
CUSTOMER NUMBER

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N SUITE 800 WASHINGTON, DC 20037



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

APPLICATION N	io. fil	FILING DATE FIRS		ST NAMED INVENTOR			ATTORNEY D	OCKET NO.	CONFIRMATION NO.			
10/518,788 12/21/		2/21/2004	Masakazu SATO			Q83533			9875			
TITLE OF INVENTION: ARYL 5-THIO-B-D-GLUCOPYRANOSIDE DERIVATIVES AND THERAPEUTIC AGENTS FOR DIABETES CONTAINING THE SAME												
APPLN. TYPE	SMALL ENTITY	ISSUE	E FEE	PUBLICATION FEE		PREV. PAID ISSUE FEE		TOTAL FEE(DUE	S) DA	TE DUE		
nonprovisional	NO	\$144	0.00	\$300.00)	\$	60.00	\$1,740.00	\$1,740.00 07/02/200			
EXAMINER			ART UNIT		CLASS-SUBCLASS			•				
Traviss C MCINTOSH III				1623		536-	004100					
1. Change of correspon	dence address or i	indication of "Fe	e Address" ((37 CFR 1.363	2. For	printing on	the patent front p	age list 1	Sughrue Mior	ı, PLLC		
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.					(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.					member a registered attorney or agent) and the names of up to 2 registered patent attorneys or							
					agents.		ne is listed, no n	ame will be				
3. ASSIGNEE NAME	AND RESIDEN	CE DATA TO B	E PRINTEI	O ON THE PAT								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.												
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)												
TAISHO PHARMACE	EUTICAL CO., L	TD.	Tokyo, Jap	an								
Please check the appro	priate assignee ca	tegory or catego	ries (will no	t be printed on	the paten	t): 🗆 Indivi	dual 🗹 Corporat	ion or other privat	e group entity 🗆] Government		
4a. The following fee(s) are submitted: 4b. Pay				4b. Payme	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
☑ Issue Fee				☐ A checl	☐ A check is enclosed.							
☑ Publication Fee (No small entity discount permitted) □				☐ Paymen	☐ Payment by credit card. Form 1310-2038 is attached.							
					the Director is hereby authorized to charge the required fee(s), any deficiency, or credit any payment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).							
	☑ The USPTO is directed and authorized to charge all required fees to Deposit Acc 19-4880. Please also credit any overpayments to said Deposit Account.							Account No.				
5. Change in Entity Sta	itus (from status i	ndicated above)					-					
a. Applicant claims	SMALL ENTITY	status. See 37 0	CFR 1.27.	🗆 b. Appl	icant is n	o longer cla	niming SMALL E	ENTITY status. Se	e 37 CFR 1.27(g)(2).		
The Director of the US												
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.												
Authorized Signature		Susa	11 91,	Mark	Date -			June 17, 2	008			
Typed or Printed Name	e	Susan J. Mac	k		Regist	ration No.	96/18/2098	30,951 AWONDAF2 0009	0027 194880	10518788		
Modified PTOL-85 (R	ev. 08/07) Appro	ved for use throu	igh 08/31/20	010.			01 FC:1501	1440.00	DA DA			

PART B - FEE(S) TRANSMITTAL

FIRST NAMED INVENTOR

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

washington office 23373

CUSTOMER NUMBER

APPLICATION NO.

SUGHRUE MION, PLLC
2100 PENNSYLVANIA AVENUE, NW
SUITE 800
WASHINGTON, DC 20037

FILING DATE

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CONFIRMATION NO.

ATTORNEY DOCKET NO.

10/518,788	3 12/21/2004		Masakazu SATO		Q83533			9875		
TITLE OF INVENTION: ARYL 5-THIO-B-D-GLUCOPYRANOSIDE DERIVATIVES AND THERAPEUTIC AGENTS FOR DIABETES CONTAINING THE SAME										
APPLN. TYPE	SMALL ISSUE FEE ENTITY		PUBLICATION FEE		PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE		DATE DUE		
nonprovisional	NO	\$1440.00	\$300.00		\$0.00	\$1,740.00		07/02/2008		
	EXAMINER				CLASS-SUBCLASS			•		
Tra	1623		536-004100							
1. Change of correspon	dence address or ind	ication of "Fee Address"	(37 CFR 1.363	2. For	printing on the patent front pa	age list	1 Sug	hrue Mion, PLLC		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 2. For printing on the patent front page list 1 Sughrue Mion, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2										
☐ "Fee Address" indie 03-02 or more recent).			member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be							
- + 6 G (G) (F G) (4) (F	AND DECIDENCE	DATA TO DE DEDITE	D ON THE DAT	printe						
		DATA TO BE PRINTE			ne patent. If an assignee is ide	ntified below	the docu	ment has been filed for		
recordation as set forth	in 37 CFR 3.11. Co	mpletion of this form is	NOT a substitute	for fili	ng an assignment.		,			
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
TAISHO PHARMACI	EUTICAL CO., LTD). Tokyo, Ja	pan							
					nt): ☐ Individual ☑ Corporati	on or other no	ivata amu	n entity 🗀 Government		
		gory or categories (will in								
4a. The following fee(s) are submitted: ☑ Issue Fee				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.						
☑ Publication Fee (No small entity discount permitted)				☐ Payment by credit card. Form 1310-2038 is attached.						
Advance Order - # of Copies				☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).						
				The USPTO is directed and authorized to charge all required fees to Deposit Account No. 9-4880. Please also credit any overpayments to said Deposit Account.						
5. Change in Entity Sta	itus (from status indi	cated above)								
		atus. See 37 CFR 1.27.			no longer claiming SMALL E					
					r to re-apply any previously p					
NOTE: The Issue Fee a party in interest as sho	and Publication Fee wn by the records of	(if required) will not be the United States Patent	accepted from ar t and Trademark	nyone ot Office.	her than the applicant; a regis	tered attorney	or agent;	or the assignee or other		
Authorized Signature	_	Susan)	Mark	Date		June 1	7, 2008			
Typed or Printed Name	yped or Printed Name Susan J. Mack			Registration No.			30,951			
Modified PTOL-85 (R	ev. 08/07) Approved	I for use through 08/31/2	2010.							